



Public Health  
England

Protecting and improving the nation's health

# Screening Quality Assurance visit report

NHS Cervical Screening Programme  
North Tees and Hartlepool Hospitals NHS  
Foundation Trust

12 and 13 June 2019

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## About PHE screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the 4 UK countries. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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## Executive summary

The NHS Cervical Screening Programme invites women between the ages of 25 and 64 for regular cervical screening. This aims to detect abnormalities within the cervix that could, if undetected and untreated, develop into cervical cancer.

The findings in this report relate to the quality assurance visit of the North Tees and Hartlepool Hospitals NHS Foundation Trust screening service held on 12 and 13 June 2019.

### Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in cervical screening. This is to ensure that all eligible people have access to a consistent high quality service wherever they live.

QA visits are carried out by the PHE screening quality assurance service (SQAS).

The evidence for this report comes from:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-review visits to North Tees and Hartlepool Hospitals NHS Foundation Trust on 5 June 2019
- information shared with the North regional SQAS as part of the visit process

### Local screening service

The area served by North Tees and Hartlepool Hospitals NHS Foundation Trust (NTHFT) has an eligible population of approximately 74,000 women. The service covers a mixture of remote rural areas and densely populated towns. There are relatively high levels of deprivation in the population served compared with other local authorities in England.

NHS England North, Cumbria and North East Locality Team has the commissioning responsibility for the NHS Cervical Screening Programme at North Tees and Hartlepool Hospitals NHS Foundation Trust. Hartlepool and Stockton-on-Tees Clinical Commissioning Groups (CCGs) are the contract holders for colposcopy services.

Cytology screening, human papillomavirus (HPV) testing and histology are provided at University Hospital of North Tees. There are colposcopy clinics within the trust at:

- University Hospital of North Tees
- University Hospital of Hartlepool

## Findings

This is the fifth visit to the NTHFT NHS Trust cervical screening service. In May 2019, it was announced that the laboratory tender for the cervical screening primary human papillomavirus (HPV) laboratory has been awarded to Gateshead Health NHS Foundation Trust (GHNFT). NTHFT are in early discussions with GHNFT on the mobilisation of the laboratory cytology service. It is expected that the NTHFT cytology service will be transferred to GHNFT by December 2019. There is cervical screening backlog with the cytology service. This is being managed using staff overtime, employment of a locum cytoscreener and by retaining cytology staff that have secured other posts within the trust. The cytology service has not achieved the national turnaround standards for results to women in the last 4 months, however, at the time of visit the laboratory turnaround time is improving.

The cervical screening provider lead (CSPL) role is based in the cytology laboratory. The service has not conducted any succession planning for the CSPL role.

The colposcopy service has good clinic facilities at University Hospital North Tees and University Hospital Hartlepool. The colposcopy team have been proactive and inventive in raising funds through charity events for an additional clinic room at Hartlepool. The service is patient focused. The service is looking at setting up a nurse-led clinic for post-coital bleeding referrals. In the last 6 months, the service has struggled with colposcopy capacity due to staffing absence. The service is aware that colposcopy guidelines and protocols need updating as part of the trust ratification process.

The histopathology service is a well organised laboratory with a barcoded specimen labelling system.

All recommendations from the previous visit in 2014 have been addressed.

## Immediate concerns

The QA visit team identified no immediate concerns

## High priority

The QA visit team identified 23 high priority findings, summarised as:

- cervical screening provider lead does not have the correct reporting arrangements
- no succession planning for cervical screening provider lead role

- organisational structure and escalation routes are out of date following a re-organisation within the trust
- no formalised job description and insufficient sessional commitment for lead colposcopist role
- no dedicated sessional commitment for role of lead NHSCSP histopathologist
- histopathology service is not meeting key performance indicators for turnaround times for cervical histology specimens
- one colposcopist is not accredited with the British Society of Colposcopy and Cervical Pathology
- the colposcopist providing training is not listed with British Society of Colposcopy and Cervical Pathology as an accredited trainer
- unclear and incomplete documentation of colposcopy processes and policies in guidelines and standard operating procedures
- colposcopy service are not meeting key performance indicator for the offer of a colposcopy appointment within 2 weeks of referral
- colposcopy service does not have information leaflets tailored to the needs of the local population
- there is no documented process for cervical sampling outside of colposcopy within the hospital trust
- lack of detailed colposcopy administration standard operating procedures
- unsupported colposcopy database
- inadequate audit of multidisciplinary team (MDT) meeting attendance
- unclear documentation of MDT meeting outcomes and no documented processes for ensuring that all outcomes from the MDT meeting are actioned
- not all histopathologists and colposcopists meet the national standard for attendance at MDT meetings
- no formal schedule of audits across the cervical screening services

## Shared learning

The QA visit team identified 2 areas of practice for sharing, including:

- NHS England and the Screening and Immunisation Team working with multiple organisations to build on local cervical screening awareness campaigns
- histopathology service has evidence based implementation of p16 staining for the cervical screening service

## Recommendations

The following recommendations are for the provider to action unless otherwise stated

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Ensure that the cervical screening provider lead job description and reporting arrangements are in line with national guidance with accountability to CEO or nominated deputy at trust board level	National Service specification 25, NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	High	Job description including accountability
2	Succession planning to formally appoint a cervical screening provider lead and deputy to meet the full requirements of the role	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	High	Confirmation of appointment, Job description, Job plan
3	Provide an updated organisational accountability structure for cervical screening service, including detail of escalation routes for governance and performance issues	National service specification 25	6 months	High	Copy of the structure and escalation routes
4	Make sure there is an annual performance report and 6 monthly updates from the cervical screening provider lead to the main clinical governance committee	NHS Cervical Screening Programme: the role of the cervical screening provider	12 months	Standard	Cervical screening provider lead report with circulation list

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		lead			
5	Establish quarterly cervical screening management meetings chaired by the cervical screening provider lead, with representation from all cervical screening service leads within the trust	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	Standard	Terms of reference, meeting schedule
6	Make sure that all staff working in the NHS Cervical Screening Programme are signed up to the NHS Cancer Screening Programmes Confidentiality and Disclosure Policy	National Service Specification 25	3 months	Standard	Evidence of sign up
7	Update patient leaflet for disclosure of invasive cervical cancer audit results	NHSCSP 20	3 months	Standard	Updated leaflet
8	Implement an annual audit schedule across the cervical screening service that details the audits to be undertaken, and provides outcomes and actions resulting from the audits	National Service Specification 25	6 months	Standard	Annual audit schedule to cover colposcopy and histopathology with confirmatory evidence of actions taken
9	Update trust incident policy to remove reference to the quality assurance reference centre (QARC) and websites that are no longer available	Managing safety incidents in NHS screening programmes	6 months	Standard	Ratified updated policy
10	Ensure that lead histopathologist for NHSCSP has dedicated sessional commitment within job plan	National Service Specification 25	6 months	High	Job plan with dedicated professional activity allocation
11	Make sure the lead colposcopist has a suitable job description for the role and dedicated professional activity allocation in the job plan	National Service Specification 25	6 months	High	Job description, job plan with dedicated professional activity allocation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Review colposcopy service capacity and develop workforce plan to sustainably meet predicted future demand	National Service Specification 25	6 months	High	Workforce plan

### Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Provide a protocol for the backup of data and recovery of IT systems	National Service Specification 25	3 months	Standard	Protocol

### Diagnosis – histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Document the process for the sending histopathology outcomes to cancer registry	NHSCSP 10	3 months	Standard	Protocol
15	Ensure that the lead histopathologist for NHS Cervical Screening Programme (NHSCSP) has oversight of turnaround times for NHSCSP cases	National Service Specification 25	3 months	Standard	Oversight process, meeting minutes
16	Implement a plan to sustainably improve and maintain turnaround times for NHS Cervical Screening Programme samples	National Service Specification 25	12 months	High	Plan



## Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Make sure all colposcopists are accredited with the British Society of Colposcopy and Cervical Pathology	NHSCSP 20	3 months	Standard	Confirmation of accreditation
18	Make sure that colposcopists providing training have British Society of Colposcopy and Cervical Pathology trainer accreditation.	NHSCSP 20	3 months	High	Confirmation of accreditation
19	Ensure colposcopy IT system can produce reliable data for KC65 submission and key performance indicators outlined in National Service Specification 25	NHSCSP 20	12 months	High	Updates on progress and implementation date
20	Make sure there is cross-cover in place for the collation of the KC65 data return	National Service specification 25	3 months	Standard	Protocol
21	Implement daily backups of the colposcopy IT system	National Service specification 25	3 months	High	Protocol
22	Make sure colposcopy staff have access to Open Exeter	National Service Specification 25	3 months	Standard	Confirmation of access
23	Update the local trust colposcopy clinical guidelines in line with current NHS Cervical Screening Programme guidance	NHSCSP 20	6 months	High	Ratified updated guidelines with evidence of implementation
24	Develop an induction policy which includes colposcopy specific items for new colposcopists	National Service Specification 25	6 months	Standard	Ratified policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Update colposcopy administration standard operating procedures to detail all NHS Cervical Screening Programme tasks, including the issuing of results	NHSCSP 20, National Service Specification 25	3 months	High	Ratified revised standard operating procedures
26	Document the process for results and referral for cervical samples taken in the trust outside of colposcopy and make sure there is a pathway post laboratory mobilisation	NHSCSP 20	6 months	High	Ratified protocol
27	Implement and monitor a plan to achieve 93% high grade referrals offered a colposcopy appointment within 2 weeks of referral for colposcopy waiting times	NHSCSP 20, National Service Specification 25	6 months	High	Agreed action plan with evidence of regular monitoring
28	Make sure all colposcopists meet the annual throughput requirements for 50 new NHS Cervical Screening Programme referrals a year	NHSCSP 20	12 months	High	Data submission showing number of new NHSCSP referrals for each colposcopist in the period April 2019 to March 2020
29	Make sure the service has information leaflets tailored to the needs of the local population, including those from vulnerable groups and those requiring information in languages other than English	NHSCSP 20, National Service Specification 25	6 months	High	Example leaflets

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	Update trust patient information leaflets to make sure post treatment guidance is in line with NHS Cervical Screening Programme	NHSCSP 20	6 months	High	Example leaflet
31	Document colposcopy specific emergency procedures into clinical guidelines	NHSCSP 20	6 months	Standard	Ratified protocol

### Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
32	Review the frequency of multidisciplinary meetings to align processes with future laboratory reconfiguration	National service specification 25	6 months	High	Meeting schedule
33	Update the trust colposcopy multidisciplinary team meeting protocol in line with NHS Cervical Screening Programme guidance	NHSCSP 20	6 months	High	Ratified protocol
34	Make sure that there is accurate documentation of multidisciplinary team decision making, with a process for recording outcome and evidence that actions have been completed	NHSCSP 20	3 months	High	Ratified protocol, evidence of revised documentation
35	Audit multidisciplinary team meeting outcomes to provide evidence that the actions are complete	NHSCSP 20	12 months	High	Completed audit for January 2019 to June 2019 and action plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
36	Improve processes for recording and monitoring attendance at the multidisciplinary team meeting	NHSCSP 20	3 months	Standard	Ratified protocol
37	Make sure all colposcopists attend a minimum of 50% of multidisciplinary team meetings	NHSCSP 20	12 months	High	Multidisciplinary team meeting attendance audit April 2019 to March 2020
38	Ensure that there is 100% histopathologist attendance at multidisciplinary team meetings	NHSCSP 20	12 months	High	Multidisciplinary team meeting attendance audit April 2019 to March 2020

## Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to complete the recommendations contained within this report.

SQAS will work with commissioners to monitor activity and progress in response to the recommendations made for a period of 12 months after the report is published. After this point SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.